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of 1995, no persons are required to p

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 320.00

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| Complet if Known | | | | | | |
| Application Number | 09/529,289 | | | | | |
| Filing Date | 04/07/2000 | | | | | |
| First Named Inventor | Yaacov ALMOG, et al | | | | | |
| Examiner Name | XU, LING X. | | | | | |
| Group Art Unit | 1774 | | | | | |
| Attorney Docket No. | 501010.20570 (23537.13) | | | | | |

| METHOD OF PAYMENT | | | | F | EE CALCULATION (continued) | |
|--|------------------|---------------------|----------|-------------|--|---------------|
| The Commissioner is hereby authorized to charge indicated focal and gradit any overseyments to: | 3. AD | DIT | ION | AL F | EES | |
| indicated fees and credit any overpayments to: Deposit | | Large | | Sma | | |
| Account 03-3419 | Fee | Entit | y Fee | Enti Fee | • | For Dold |
| Number Society | Code | | Cod | | Fee Description | Fee Paid |
| Deposit Account Name | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| Applicant claims small entity status. | 139 | 130 | 139 | 130 | Non-English specification | <u> </u> |
| See 37 CFR 1.27 | 147 2, | ,520 | 147 | 2,520 | For filing a request for ex parte reexamination | |
| 2. Payment Enclosed: Check Credit card Money Other | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| FEE CALCULATION | 113 1, | ,840° | 113 | 1,840 | Requesting publication of SIR after Examiner action | |
| | 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 1. BASIC FILING FEE | | | 216 | | Extension for reply within second month | |
| Large Entity Small Entity Fee Fee Fee Fee Description | | | 217 | | Extension for reply within third month | |
| Code (\$) Code (\$) Fee Paid | 118 1. | | 218 | | Extension for reply within fourth month | |
| 101 740 201 370 Utility filing fee | 128 1. | | 228 | | | |
| 106 330 206 165 Design filing fee | 1 | | | | Extension for reply within fifth month | 320.00 |
| 107 510 207 255 Plant filing fee | | | 219 | | Notice of Appeal | 020.00 |
| 108 740 208 370 Reissue filing fee | | | 220 | | Filing a brief in support of an appeal | |
| 114 160 214 80 Provisional filing fee | | | 221 | | Request for oral hearing | |
| SUBTOTAL (1) (\$) | 138 1,5 140 1 | | 138 1 | | Petition to institute a public use proceeding |) |
| | | | 240 | 55 | Petition to revive - unavoidable | 47 |
| 2. EXTRA CLAIM FEES Fee from | 141 1, | 280 | 241 | 640 | Petition to revive - unintentional | |
| Extra Claims below Fee Paid | 11 | | 242 | | Utility issue fee (or reissue) | |
| Total Claims -20°° = X = Independent | | | 243 | | Design issue fee | |
| | il | | 244 | | Plant issue fee | أرجن |
| Multiple Dependent | 122 1 | 130 | 122 | 130 | Petitions to the Commissioner | 7 6 |
| | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | 7 |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | 40 |
| Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 102 84 202 42 Independent claims in excess of 3 | 146 | 740 | 246 | 370 | Filing a submission after final rejection | |
| 104 280 204 140 Multiple dependent claim, if not paid | | | | | (37 CFR § 1.129(a)) | |
| 109 84 209 42 ** Reissue independent claims over original patent | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 110 18 210 9 ** Reissue claims in excess of 20 | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | |
| and over original patent | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | |
| SUBTOTAL (2) (\$) | | fee (s _l | pecify |) | o. a addigit application | |
| **or number previously paid, if greater; For Reissues, see above | *Redu | ced b | y Bas | ic Filing | g Fee Paid SUBTOTAL (3) (\$) 3 | 20.00 |
| CHOMITTED DV | | | | | Complete (if applicable) | |
| SUBMITTED BY | R | egistr | ation | No. | Complete (if applicable) C 722 Telephone 242 524 6 | |
| Name (Print/Type) William H. Dippert | | Attorne | | | 6,723 Telephone 212-521-5 | 5408 |

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